PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION COMPANY AND ADDRESS A VALID ON SECOND COMPANY AND ADDRESS AND AD

RATE ADDITIONAL RATE ADDITIONAL FEE	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Applic	Application or Docket Number		
Column 1	CLAIMS AS EUED DARTH												
RATE FEE FEE	_							SMALL ENTITY		OR			
S			NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE	j	RATE	FEE	
MULTIPLE DEPENDENT CLAIMS minus 20 =	(3)	7 CFR 1.16(a))							\$	OR			
MULTIPLE DEPENDENT CLAIMS PRESENT G7 CPR 1.16(d)	(37	7 CFR 1.16(c))		minus	20 = •		1	x \$=	all e	OR	x \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT 37 CFR 1.16(d)			AIMS	minus 3 =			1	x \$ =		1	,	 	
Total	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+s =	1	1			
CLAIMS AS AMENDED - PART II	* If the difference in column 1 is less than zero, enter "0" in column 2.									1			
Column 1) Column 2 Column 3 SMALL ENTITY OR OTHER THAN SMALL ENTITY OTHER THAN OTHER T		•						<u> </u>	1 010	TOTAL			
Column 1 Column 2 Column 3	F	UT.								00	OTHE	R THAN	
REMAINING	_	ATTIC				(Column 3)	1 1	SMALL	ENTITY	OR 1	SMALL	ENTITY	
First Presentation of Multiple Dependent CLAIM (37 CFR 1.16(d))	NDMENT	7/19/04	REMAINING		NUMBER			RATE			RATE		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		Total	AMENDMENT					$\overline{}$					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		Independent	. 00					× 2 =		OR	x \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	ME	(37 CFR 1.16(b)) A 3						x \$=		OR	x \$=		
Column 1 Column 2 Column 3	۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	+\$=		
CLAIMS AFTER ADDI- FREE AD										OR			
REMAINING						(Column 3)							
Column 1 (Column 2) (Column 3) (Colu			REMAINING AFTER		NUMBER PREVIOUSLY			RATE	TIONAL		RATE	TIONAL	
Column 1 (Column 2) (Column 3) (Colu		Total (37 CFR 1.16(c))	•	Minus	**	=		× \$=		OR	x \$ =		
Column 1 Column 2 Column 3			•	Minus	***	=	T	x \$ =					
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER ADDI-TIONAL FEE Total (37 CFR 1.16(c)) * Minus *** =	F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =					
(Column 1) (Column 2) (Column 3) C LAIMS REMAINING REMAINING AFTER PREVIOUSLY PAID FOR PAREVIOUSLY PAID FOR PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR TOTAL AMENDMENT PAID FOR TOTAL AMENDMENT PAID FOR TOTAL ADDITIONAL FEE Independent (37 CFR 1.16(b)) Minus " =							<u>. </u>	TOTAL			TOTAL		
CU CLAIMS REMAINING AFTER NUMBER PREVIOUSLY PAID FOR PRESENT AT IONAL FEE Total (37 CFR 1.16(c)) * Minus *** =			(Column 1)		(Column 2)	(Column 3)		1		OK	YOUTLEE [
AFTER AMENDMENT PREVIOUSLY PAID FOR TIONAL FEE Total (37 CFR 1.16(c))	AMENDMENT C		CLAIMS		HIGHEST		Γ	DATE	1001				
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 23, enter "20".			AFTER		PREVIOUSLY			KAIE	TIONAL		RATE	TIONAL	
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".		Total (37 CFR 1.16(c))		Minus		=	,	(\$ =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OB.	x \$ =	FEE	
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".		Independent (37 CFR 1,16(b))	*	Minus	***	=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".	₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						- s =					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".							Ī	OTAL		•	TOTAL		
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 lenter "3"	**	If the "Highest N	lumber Previousiv	Paid For"	IN THIS SPACE	is lose than 20 or	ntor '	20"					
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate has in column 1	***	*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.